

Laurel Tree Charter School

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Emergency Information Form

This is the form to which we refer in case of an emergency. It goes with us on all field trips.

Family Information:

Child's name:	Date of Birth:
Parent/Guardian's name:	Parent/Guardian's name:
Relationship to student:	Relationship to student:
Physical address:	Physical address:
Phone: (cell) (home/work)	Phone: (cell) (home/work)

People authorized to take your child from school, in addition to you: (This child will NOT be allowed to leave with any other person without parent/guardian authorization.)

Name:	Phone:	Relationship to student/family:
1.		
2.		

Emergency contacts, in addition to you: (This is who we will call if we can't reach you.)

Name:	Phone:	Relationship to student/family:
1.		
2.		

Physician to be called in an emergency:

Name of Provider &/or Clinic:	Phone:

Allergies or Special Health Conditions:

Medications:

Name:	Dosage:	Instructions:

Medical Coverage/Insurance:

Name: (i.e., Medi-Cal, Blue Shield, etc.)	Policy #:

EMERGENCY MEDICAL AUTHORIZATION / CONSENT TO TREAT

I am the parent/guardian of the above named student. In case I am unable to be reached during any emergency, I hereby authorize a representative of the school, pursuant to the provisions of Family Code Section 6910, to act as an agent to consent to the giving of any and all medical, dental, hospital or surgical care to the above named student.

Parent/Guardian Signature

Date